

114TH CONGRESS
1ST SESSION

H. R. 1934

To amend title XVIII of the Social Security Act to establish a national Oncology Medical Home Demonstration Project under the Medicare program for the purpose of changing the Medicare payment for cancer care in order to enhance the quality of care and to improve cost efficiency, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 22, 2015

Mrs. MCMORRIS RODGERS (for herself and Mr. ISRAEL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to establish a national Oncology Medical Home Demonstration Project under the Medicare program for the purpose of changing the Medicare payment for cancer care in order to enhance the quality of care and to improve cost efficiency, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cancer Care Payment
3 Reform Act of 2015”.

4 **SEC. 2. ESTABLISHING AN ONCOLOGY MEDICAL HOME**
5 **DEMONSTRATION PROJECT UNDER THE**
6 **MEDICARE PROGRAM TO IMPROVE QUALITY**
7 **OF CARE AND COST EFFICIENCY.**

8 Title XVIII of the Social Security Act is amended by
9 inserting after section 1866E (42 U.S.C. 1395cc–5) the
10 following new section:

11 **“SEC. 1866F. ONCOLOGY MEDICAL HOME DEMONSTRATION**
12 **PROJECT.**

13 “(a) ESTABLISHMENT OF DEMONSTRATION
14 PROJECT.—Not later than six months after the date of
15 the enactment of this section, the Secretary shall establish
16 an Oncology Medical Home Demonstration Project (in
17 this section referred to as the ‘demonstration project’) to
18 make payments in the amounts specified in subsection (f)
19 to each participating oncology practice (as defined in sub-
20 section (b)).

21 “(b) DEFINITION OF PARTICIPATING ONCOLOGY
22 PRACTICE.—For purposes of this section, the term ‘par-
23 ticipating oncology practice’ means an oncology practice
24 that—

1 “(1) submits to the Secretary an application to
2 participate in the demonstration program in accord-
3 ance with subsection (c);

4 “(2) is selected by the Secretary, in accordance
5 with subsection (d), to participate in the demonstra-
6 tion program; and

7 “(3) is owned by a physician, or is owned by or
8 affiliated with a hospital, that submitted a claim for
9 reimbursement in the prior year for an item or serv-
10 ice for which payment may be made under part B.

11 “(c) APPLICATION TO PARTICIPATE.—An application
12 by an oncology practice to participate in the demonstra-
13 tion program shall include an attestation to the Secretary
14 that the practice—

15 “(1) furnishes physicians’ services for which
16 payment may be made under part B;

17 “(2) coordinates oncology services furnished to
18 an individual by the practice with services that are
19 related to such oncology services and that are fur-
20 nished to such individual by medical professionals
21 (including oncology nurses) inside or outside the
22 practice in order to ensure that each such individual
23 receives coordinated care;

24 “(3) meaningfully uses electronic health
25 records;

1 “(4) will, not later than one year after the date
2 on which the practice commences its participation in
3 the demonstration project, be accredited as an On-
4 cology Medical Home by the Commission on Cancer,
5 the National Committee for Quality Assurance, or
6 such other entity as the Secretary determines appro-
7 priate;

8 “(5) will repay all amounts paid by the Sec-
9 retary to the practice under subsection (f)(1)(A) in
10 the case that the practice does not, on a date that
11 is not later than 60 days after the date on which the
12 practice submits an application to the Secretary
13 under subsection (b)(1), submit an application to an
14 entity described in paragraph (4) for accreditation
15 as an Oncology Medical Home in accordance with
16 such paragraph;

17 “(6) will, for each year in which demonstration
18 project is conducted, report to the Secretary, in such
19 form and manner as is specified by the Secretary,
20 on—

21 “(A) the performance of the practice with
22 respect to not less than ten of the measures de-
23 scribed in subsection (e), as selected by the
24 practice; and

1 “(B) the level of satisfaction of individuals
2 who are provided with oncology services by the
3 practice for which payment may be made under
4 part B, as measured by a patient satisfaction
5 survey based on the Consumer Assessment of
6 Healthcare Providers and Systems survey or by
7 such similar survey as the Secretary determines
8 appropriate;

9 “(7) agrees not to receive the payments de-
10 scribed in subclauses (I) and (II) of subsection
11 (f)(1)(B)(iii) in the case that the practice does not
12 report to the Secretary in accordance with para-
13 graph (6) with respect to performance of the prac-
14 tice during the 12-month period beginning on the
15 date on which the practice submits the application
16 described in this subsection to the Secretary;

17 “(8) will, for each year of the demonstration
18 project, meet the minimum performance require-
19 ments developed under subsection (e)(4)(B) with re-
20 spect to each of the measures on which the practice
21 has agreed to report under paragraph (6)(A); and

22 “(9) has the capacity to utilize shared decision-
23 making tools that facilitate the incorporation of the
24 patient needs, preferences, and circumstances of an
25 individual into the medical plan of the individual and

1 that maintain provider flexibility to tailor care of the
2 individual based on the full range of test and treat-
3 ment options available to the individual.

4 “(d) SELECTION OF PARTICIPATING PRACTICES.—

5 “(1) IN GENERAL.—The Secretary shall, not
6 later than six months after the date of the enact-
7 ment of this section, select oncology practices that
8 submit applications to the Secretary in accordance
9 with subsection (c) to participate in the demonstra-
10 tion program.

11 “(2) MAXIMUM NUMBER OF PRACTICES.—In se-
12 lecting an oncology practice to participate in the
13 demonstration program under paragraph (1), the
14 Secretary shall ensure that the participation of such
15 practice in the demonstration project does not, on
16 the date on which the practice commences its par-
17 ticipation in the demonstration project, increase the
18 total number of oncologists who participate in the
19 demonstration program to a number that is greater
20 than 1,500 oncologists.

21 “(3) DIVERSITY OF PRACTICES.—In selecting
22 oncology practices to participate in the demonstra-
23 tion project under paragraph (1), the Secretary
24 shall, to the extent practicable, include in such selec-
25 tion—

1 “(A) small-, medium-, and large-sized
2 practices; and

3 “(B) practices located in different geo-
4 graphic areas.

5 “(4) NO PENALTY FOR CERTAIN OPT-OUTS BY
6 PRACTICES.—In the case that the Secretary selects
7 an oncology practice to participate in the demonstra-
8 tion project under paragraph (1) that has agreed to
9 participate in another model, under section 1115A
10 or otherwise, for payment under this title for oncol-
11 ogy services, such practice may not be assessed a
12 penalty for electing not to participate in such other
13 payment model if such practice makes such elec-
14 tion—

15 “(A) prior to the receipt by the practice of
16 any payment under such model; and

17 “(B) in order to participate in such dem-
18 onstration project.

19 “(e) MEASURES.—

20 “(1) DEVELOPMENT.—The Secretary shall use
21 measures described in paragraph (2), and may use
22 measures developed under paragraph (3), to assess
23 the performance of each participating oncology prac-
24 tice, as compared to other participating oncology
25 practices.

1 “(2) MEASURES DESCRIBED.—The measures
2 described in this paragraph, with respect to individ-
3 uals who receive treatment for cancer from a partici-
4 pating oncology practice, are the following:

5 “(A) PATIENT CARE MEASURES.—

6 “(i) The percentage of such individ-
7 uals that receives documented clinical or
8 pathologic staging prior to initiation of a
9 first course of cancer treatment.

10 “(ii) The percentage of such individ-
11 uals that is undergoing advanced imaging
12 and has been diagnosed with stage I or II
13 breast cancer.

14 “(iii) The percentage of such individ-
15 uals that is undergoing advanced imaging
16 and has been diagnosed with stage I or II
17 prostate cancer.

18 “(iv) The percentage of such individ-
19 uals that, prior to receiving cancer treat-
20 ment, had its performance status assessed
21 by the practice.

22 “(v) The percentage of such individ-
23 uals that—

1 “(I) is undergoing treatment with
2 a chemotherapy regimen provided by
3 the practice;

4 “(II) has at least a 20-percent
5 risk of developing febrile neutropenia
6 due to a combination of regimen risk
7 and patient risk factors; and

8 “(III) has received from the
9 practice either GCSF or white cell
10 growth factor.

11 “(vi) With respect to such individuals
12 who receive chemotherapy treatment from
13 the practice, the percentage of such indi-
14 viduals so treated that receives a treatment
15 plan prior to the administration of such
16 chemotherapy.

17 “(vii) With respect to chemotherapy
18 treatments administered to such individ-
19 uals by the practice, the percentage of such
20 treatments that adhere to guidelines pub-
21 lished by the National Comprehensive Can-
22 cer Network or such other entity as the
23 Secretary determines appropriate.

24 “(viii) With respect to antiemetic
25 drugs dispensed by the practice to individ-

1 uals as part of moderately or highly
2 emetogenic chemotherapy regimens for
3 such individuals, the extent to which such
4 drugs are administered in accordance with
5 evidence-based guidelines or pathways that
6 are compliant with guidelines published by
7 the National Comprehensive Cancer Net-
8 work or such other entity as the Secretary
9 determines appropriate.

10 “(B) RESOURCE UTILIZATION MEAS-
11 URES.—

12 “(i) With respect to emergency room
13 visits in a year by such individuals who are
14 receiving active chemotherapy treatment
15 administered by the practice as of the date
16 of such visits, the percentage of such visits
17 that is associated with qualified cancer di-
18 agnoses of the individuals.

19 “(ii) With respect to hospital admis-
20 sions in a year by such individuals who are
21 receiving active chemotherapy treatment
22 administered by the practice as of the date
23 of such visits, the percentage of such ad-
24 missions that is associated with qualified
25 cancer diagnoses of the individuals.

1 “(C) SURVIVORSHIP MEASURES.—

2 “(i) Survival rates for such individuals
3 who have been diagnosed with stage I
4 through IV breast cancer.

5 “(ii) Survival rates for such individ-
6 uals who have been diagnosed with stage I
7 through IV colorectal cancer.

8 “(iii) Survival rates for such individ-
9 uals who have been diagnosed with stage I
10 through IV lung cancer.

11 “(iv) With respect to such individuals
12 who receive chemotherapy treatment from
13 the practice, the percentage of such indi-
14 viduals so treated that receives a survivor-
15 ship plan not later than 45 days after the
16 completion of the administration of such
17 chemotherapy to such individuals.

18 “(v) With respect to such individuals
19 who receive chemotherapy treatment from
20 the practice, the percentage of such indi-
21 viduals that receives psychological screen-
22 ing.

23 “(D) END-OF-LIFE CARE MEASURES.—

24 “(i) The number of times that such
25 an individual receives chemotherapy treat-

1 ment from the practice not later than 30
2 days prior to the death of the individual.

3 “(ii) With respect to such individuals
4 who have a stage IV disease and have re-
5 ceived treatment for such disease from the
6 practice, the percentage of such individuals
7 so treated who have had a documented
8 end-of-life care conversation with a physi-
9 cian in the practice or another health care
10 provider who is a member of the cancer
11 care team of the practice.

12 “(iii) With respect to such an indi-
13 vidual who is referred to hospice care by a
14 physician in the practice or a health care
15 provider who is a member of the cancer
16 care team of the practice, regardless of the
17 setting in which such care is provided, the
18 average number of days that the individual
19 receives hospice care prior to the death of
20 the individual.

21 “(iv) With respect to such individuals
22 who die while receiving care from the prac-
23 tice, the percentage of such deceased indi-
24 viduals whose death occurred in an acute
25 care setting.

1 “(3) MODIFICATION OR ADDITION OF MEAS-
2 URES.—

3 “(A) IN GENERAL.—The Secretary may, in
4 conjunction with appropriate stakeholders, mod-
5 ify or add to the measures described in para-
6 graph (2).

7 “(B) APPROPRIATE STAKEHOLDERS DE-
8 SCRIBED.—For purposes of subparagraph (A),
9 the term ‘appropriate stakeholders’ includes on-
10 cology societies, oncologists who provide oncol-
11 ogy services to one or more individuals for
12 which payment may be made under part B, al-
13 lied health professionals, health insurance
14 issuers that have implemented alternative pay-
15 ment models for oncologists, patients and orga-
16 nizations that represent patients, and bio-
17 pharmaceutical and other medical technology
18 manufacturers.

19 “(4) ASSESSMENT.—

20 “(A) IN GENERAL.—The Secretary shall,
21 for each year in which the demonstration
22 project is conducted, assess—

23 “(i) the performance of each partici-
24 pating oncology practice for such year with
25 respect to the measures on which the prac-

1 tice has agreed to report to the Secretary
 2 under subsection (c)(6)(A), as compared to
 3 the performance of other participating on-
 4 cology practices with respect to such meas-
 5 ures; and

6 “(ii) the extent to which the practice
 7 has, during such year, used breakthrough
 8 or other best-in-class therapies.

9 “(B) MINIMUM PERFORMANCE REQUIRE-
 10 MENTS.—The Secretary shall, in conjunction
 11 with the appropriate stakeholders described in
 12 paragraph (3)(B), develop minimum perform-
 13 ance requirements with respect to—

14 “(i) each of the measures developed
 15 under this subsection; and

16 “(ii) the level of satisfaction on which
 17 practices agree to report to the Secretary
 18 under subsection (c)(6)(B).

19 “(f) PAYMENTS FOR PARTICIPATING
 20 ONCOLOGISTS.—

21 “(1) CARE COORDINATION MANAGEMENT
 22 FEE.—

23 “(A) IN GENERAL.—Subject to subpara-
 24 graphs (D) and (E), the Secretary shall, in ad-
 25 dition to any other payments made by the Sec-

1 retary under this title to a participating oncol-
2 ogy practice, make payment of a care coordina-
3 tion management fee to each such practice.

4 “(B) TIMING OF PAYMENTS.—The care co-
5 ordination management fee described in sub-
6 paragraph (A) shall be paid to a participating
7 oncology practice at the end of each of the fol-
8 lowing periods:

9 “(i) The period that ends 6 months
10 after the date on which the practice sub-
11 mits the application described in sub-
12 section (c) to the Secretary under sub-
13 section (b)(1).

14 “(ii) The period that ends 12 months
15 after the date on which the practice sub-
16 mits such application to the Secretary.

17 “(iii) Subject to subsection (c)(7)—

18 “(I) the period that ends 18
19 months after the date on which the
20 practice submits such application to
21 the Secretary; and

22 “(II) the period that ends 24
23 months after the date on which the
24 practice submits such application to
25 the Secretary.

1 “(C) AMOUNT OF PAYMENT.—The amount
 2 of the care coordination management fee de-
 3 scribed in subparagraph (A) shall be deter-
 4 mined by the Secretary in conjunction with
 5 oncologists who provide oncology services for
 6 which payment may be made under part B.

7 “(2) PAYMENT IN SUBSEQUENT YEARS.—

8 “(A) IN GENERAL.—Subject to subpara-
 9 graphs (C) and (D), the Secretary shall make
 10 payments of an ongoing management fee to
 11 each participating oncology practice.

12 “(B) TIMING OF PAYMENTS.—The ongoing
 13 management fee described in subparagraph (A)
 14 shall be paid to a participating oncology prac-
 15 tice at the end of the third, fourth, and fifth
 16 years of the demonstration project.

17 “(C) AGGREGATE AMOUNT OF PAY-
 18 MENTS.—With respect to each of the dates of
 19 payment described in subparagraph (B), the ag-
 20 gregate amount of payments to participating
 21 oncology practices on such date shall be deter-
 22 mined by—

23 “(i) determining the amount by which
 24 the aggregate expenditures that would
 25 have been expended for the previous year

under this title if the demonstration project had not been implemented exceeds the aggregate expenditures under this title for such previous year;

“(ii) calculating the amount that is half of the amount determined under clause (i); and

“(iii) subtracting from the amount calculated under clause (ii) the total amount of payments made under paragraph (1) that have not, in a prior application of this clause, previously been so subtracted from a payment determination made under this subparagraph.

“(D) AMOUNT OF PAYMENTS TO INDIVIDUAL PRACTICES.—

“(i) MINIMUM PERFORMANCE REQUIREMENTS.—The Secretary may not make payments to a practice under subparagraph (A) at the end of a year of the demonstration project described in subparagraph (B) unless the practice meets or exceeds the minimum performance requirements developed under subsection (e)(4)(B) for such year with respect to—

1 “(I) the measures on which the
2 practice has agreed to report to the
3 Secretary under subsection (c)(6)(A);
4 and

5 “(II) the level of satisfaction on
6 which the practice has agreed to re-
7 port to the Secretary under subsection
8 (c)(6)(B).

9 “(ii) CONSIDERATION OF PERFORM-
10 ANCE ASSESSMENT.—The Secretary shall,
11 in conjunction with the appropriate stake-
12 holders described in subsection (e)(3)(B),
13 determine the amount of a payment to an
14 individual oncology practice under subpara-
15 graph (A) for a year. In making a deter-
16 mination under the preceding sentence, the
17 Secretary shall take into account the per-
18 formance assessment of the practice under
19 subsection (e)(4)(A) for the previous year,
20 as compared to the performance assess-
21 ment of other participating oncology prac-
22 tices under such subsection for such pre-
23 vious year.

24 “(3) ISSUANCE OF GUIDANCE.—Not later than
25 the date that is six months after the date of the en-

1 actment of this section, the Secretary shall issue
2 guidance detailing the methodology that the Sec-
3 retary will use to implement subparagraphs (C) and
4 (D) of paragraph (2).

5 “(g) SECRETARY REPORTS TO PARTICIPATING ON-
6 COLOGY PRACTICES.—The Secretary shall inform each
7 participating oncology practice, on a quarterly basis, of—

8 “(1) the performance of the practice during the
9 prior quarter with respect to the measures on which
10 the practice has agreed to report to the Secretary
11 under subsection (c)(6)(A); and

12 “(2) the amount by which the expenditures that
13 would have been expended for the prior quarter
14 under this title by a typical oncology practice if the
15 demonstration project had not been implemented ex-
16 ceeds the actual expenditures by the participating
17 oncology practice under this title for such quarter.

18 “(h) APPLICATIONS FROM ENTITIES TO PROVIDE
19 ACCREDITATIONS.—Not later than the date that is six
20 months after the date of the enactment of this section,
21 the Secretary shall establish a process for the acceptance
22 and consideration of applications from entities for pur-
23 poses of determining which entities may provide accredita-
24 tion to practices under subsection (c)(4) in addition to the
25 entities described in such subsection.

1 “(i) GAO REPORT.—Not later than June 1, 2019,
2 the Comptroller General of the United States shall submit
3 a report to Congress evaluating the success of the dem-
4 onstration project that includes an assessment of the im-
5 pact of the project upon the quality and cost-efficiency of
6 oncology services furnished to individuals under this title,
7 including an assessment of the satisfaction of such individ-
8 uals with respect to such services that were furnished
9 under such project. Such report shall include rec-
10 ommendations regarding the possible expansion of the
11 demonstration project, as well as any possible reforms that
12 are based on the demonstration project that can be made
13 to the program under this title with respect to payment
14 for cancer care.”.

○